Procession Pro	under the Pap	erwork Reduction Act of	1995, no person are	required to	respond to a collection				control number	
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEE (1) Applicant claims and additional fee(a) or underpayments of control and analysis an	Face nursuant to the	Complete if Known								
FIGURE 1.20 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3752 TOTAL AMOUNT OF PAYMENT (5) 940,00 Attomey Docket No. P0777.70925US00 METHOD OF PAYMENT (check all that apply) Chercy (archit Card Money Order None Other (please identity): Check X Credit Card Money Order None Other (please identity): Deposit Account Deposit Account Number 23/2825 Deposit Account Number Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of received and 1.17 Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of received and 1.17 Charge fee(s) Indicated below, except for the filing fee Charge fee(s) under 37 CFR 1.16 and 1.17 Charge fee(s)										
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Telephone Fee CALCULATION										
Control Cont										
Application Type	1. BASIC FILING									
Application Type Fee (S) Fee (FI				EXAMIN				
Design	Application Ty	pe Fee (S	Small Entity Fee (\$)	Fee (\$		Fee (\$)		Fees F	Paid (\$)	
Plant 220 110 330 165 170 85	Utility	330	165	540	270	220	110			
Rejssue	Design	220	110	100	50	140	70			
Provisional 220 110 0 0 0 0	Plant	220	110	330	165	170	85			
2. EXCESS CLAIM FEES Fee	Reissue	330	165	540	270	650	325			
Fee Description Each Indiam over 20 (including Resissues) See	Provisional	220	110	0	0	0	0			
Seach claim over 20 (including Reissues) 52 26										
Each independent claim over 3 (including Reissues) Autiliple dependent claims Fee (3) Fee Paid (5) Fee Paid (5		Fee Description								
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Submitted States State Claims Fee (s) Fee Paid (s)										
-20 of HP - Highest number of total cabine paid for, if greater than 20. Indep. Claims			E E E C (\$)		oe Paid (\$)		Aultinle Denende			
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To the = X The Poliphest number of independent claims paid for, it greater than a. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1-26(b), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(c)(t)(c) and 37 CFR 1-16(c). Total Sheets Extra Sheets Number of seeh additional 50 or fraction thereof. (round up to a whole number) x 4. OTHER FEE(5) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 130.00 SUBMITTED BY Symptor Walliam R. MacCollect Registration No. Temperature 29,409 Temphone 617.646.8000										
PF = highest number of independent claims paid for, if greater than 3. 3.APPLICATION SIZE FEE	Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)									
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AltonogylAgent) 29,409 Telephone 017.040.0000	SUBMITTED BY			- AA	r= 7.7.7.1.					
Name (Print/Type) William R. McClellan Date	Signature	William	K. Me Cl	ellen	(Attorney/Agent)	29,409		617.64	5.8000	
	Name (Print/Type)	William R. McCle	ellan				Date			

Certificate of Electronic Fill I hereby certify that this paper (along with any paper referred to as being atta system in accordance with § 1.6(a)(4).	ing Under 37 CFR 1.8 iched or enclosed) is being transmitted via the Office electronic filing
Dated: 11/33/2010	Signature: Minghal Sala